

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101586,034

FILING DATE

7-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	e					
3	1					
4	e					
5	e					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	e					
14	1					
15	e					
16	e					
17	1					
18	1					
19	e					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
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48						
49						
50						
TOTAL IND.	3		↓		↓	
TOTAL DEP.	17	←	←	←	←	←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						